

**Commonwealth of Massachusetts**

# **Department of Mental Health**

## **Annual Report**

**Fiscal Year 2009**



# **Massachusetts Department of Mental Health Recovery and Resiliency Through Partnership**

## **What We Do**

The Massachusetts Department of Mental Health (DMH) is the State Mental Health Authority. DMH operates three psychiatric hospitals and seven community mental health centers for continuing and acute care services. Focusing on community-based services, DMH provides supportive clinical and rehabilitative services for adults with serious and persistent mental illness, and children and adolescents with serious emotional disturbance, integrating public and private resources that are consumer focused, family driven and promote recovery and rehabilitation.

## **VISION**

Mental health care is an essential part of health care. The Massachusetts Department of Mental Health, as the State Mental Health Authority, promotes mental health through early intervention, treatment, education, policy and regulation so that all residents of the Commonwealth may live full and productive lives.

## **MISSION**

The Department of Mental Health, as the State Mental Health Authority, assures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work and participate in their communities. Recognizing that mental health is an essential part of healthcare, the Department establishes standards to ensure effective and culturally competent care to promote recovery. The Department sets policy, promotes self-determination, protects human rights and supports mental health training and research. This critical mission is accomplished by working in partnership with other state agencies, individuals, families, providers and communities.

## **FACTS AND FIGURES**

- DMH directly serves 21,000 adults, including about 3,500 children and adolescents with severe and persistent mental illness or serious emotional disturbance. DMH resources, in partnership with community-based provider organizations, provide case management, residential, Clubhouse, PACT, employment, education and consumer and family support programs.

- DMH operates three psychiatric hospitals, seven community mental health centers, one contracted inpatient unit, and two psychiatric units in DPH-operated hospitals.
- MGL Chapter 19 established the Department of Mental Health and states that the Department shall take cognizance of all matters affecting the mental health of the citizens of the Commonwealth; and that the Department provide for services to citizens with long-term or serious mental illness; early and ongoing treatment for mental illness; and research into the causes of mental illness.

### **DMH Leadership FY2009**

Barbara A. Leadholm, Commissioner

Elaine Hill, Deputy Commissioner, Mental Health Services

Mary Ellen Foti, M.D., Deputy Commissioner, Clinical and Professional Services

Lawrence Behan, Deputy Commissioner, Management and Budget

Lester Blumberg, General Counsel

Regina Marshall, Chief of Staff

### **Department of Mental Health Organizational Structure, Site Offices and Facilities**

In Massachusetts, responsibility for providing public mental health services falls under the umbrella of the Executive Office of Health and Human Services (EOHHS). DMH is one of 14 EOHHS agencies.

DMH is organized into six geographic areas, each of which is managed by an Area Director. Each Area is divided into local Service Sites. Each Site provides case management and oversees an integrated system of state and provider-operated adult and child/adolescent mental health services. Citizen advisory boards at every level of the organization participate in agency planning and oversight. DMH allocates funds from its state appropriation and federal block grant to the Areas for both state-operated and contracted services.

The DMH Central Office, located in Boston, has four divisions in addition to the Commissioner's office—Mental Health Services; Clinical and Professional Services; Legal; and Management and Budget. It coordinates planning, sets and monitors attainment of broad policy and standards and performs certain generally applicable fiscal, personnel and legal functions.

A total of 28 DMH Area Site Offices serve adults, children, adolescents and their families throughout the state.

The Department operates the following facilities:

- Worcester State Hospital
- Taunton State Hospital
- Westborough State Hospital
- The Hathorne Mental Health Units at Tewsbury State Hospital (a Department of Public Health hospital)
- The Metro Boston Mental Health Units at Lemuel Shattuck Hospital (a Department of Public Health hospital)

Community Mental Health Centers:

- Pocasset Mental Health Center, Bourne
- Massachusetts Mental Health Center, Boston
- Quincy Mental Health Center, Quincy
- Erich Lindemann Mental Health Center, Boston
- Solomon Carter Fuller Mental Health Center, Boston
- Corrigan Mental Health Center, Fall River
- Brockton Multi-Service Center, Brockton

## **Fiscal Year 2009 Overview**

While economic issues have been the focus for the Commonwealth and the Department of Mental Health (DMH), it did not deter us from the transformation that the Department has embarked upon. We looked to the future and began to create a mental health system that is based in recovery, resiliency, partnership and consumer choice.

One of the major initiatives that will reshape DMH is the Community Based Flexible Supports (CBFS) Procurement. On Nov. 7, the informational posting, or RFI, for the CBFS was sent out to all staff and posted on Comm-PASS. We received nearly 3,000 pages of response from DMH staff and providers, all of which informed the

RFR (Request for Response) process. At the beginning of December prior to the release of the RFR, Commissioner Leadholm held a number of informational forums across the state for interested parties to insure that everyone had the opportunity for input.

CBFS is an ambitious venture and we acknowledge the remarkable work of Marcia Fowler, Rita Barrette, Marianne Greeno and Jay Tallman who led the dozens of DMH staff who gave their time, energy and expertise in crafting what is a sea change in service delivery for DMH. The goal of CBFS is to ensure that our focus shifts to consumer choice and client outcomes. Some of the features of the CBFS Procurement include service and pricing models that facilitate flexibility; person-centered care; integrated treatment planning; a peer workforce; and enhanced clinical expertise.

Another procurement with significant implications for the mental health system is the Mass Behavioral Health Partnership's (MBHP) Emergency Services Program (ESP) Procurement. A priority goal of the ESP Procurement is diversion from hospital emergency departments (ED) and other restrictive settings. The ESP Procurement aimed to create this environment of respect and dignity by offering emergency services through community siting. In alignment with our vision of recovery, the ESP Procurement requires all ESPs to employ one or more certified peer specialists to work in the community-based locations. With this shift to community-based emergency services, we hope to create a continuum of care that is more integrated and gives consumers and families a voice in assessment and treatment.

Another initiative, the Children's Behavioral Health Initiative (CBHI), also known as the Rosie D Remedy, represents a major transformation of the child mental health system and intensifies the Department's collaboration with sister child-serving agencies. Goals of the CBHI include implementing new Medicaid services; comprehensive early screening; a system of care that is fully responsive to the needs of children and families where they live; and services that are strength based and family driven. New child services will include medically necessary intensive care coordination, crisis stabilization, mobile crisis response and home-based services.

These initiatives represent a major transition for DMH and its role in the public mental health system. We are shifting to an agency that monitors, sets standards, provides oversight and assures that the same level of quality services are being provided to everyone who needs them.

We have an exciting future, one that recognizes the strengths in people with serious and persistent mental illness and promotes their recovery. And for all of us,

it is our opportunity to create and invent new ways of doing things, to be active listeners and support sharing our opinions with each other.

## **FY2009 Budget Testimony of the Department of Mental Health**

**Department of Mental Health  
House and Senate Committee on Ways and Means  
FY2009 Budget Testimony  
February 15, 2008  
Barbara A. Leadholm, Commissioner**

Good morning, Senator Spilka, Representative Vallee and Ways and Means Committee members. I am Elaine Hill, Deputy Commissioner for Mental Health Services, here on behalf of Commissioner Leadholm who could not be with us today. She sends her deep appreciation for your hard work on behalf of the citizens of our Commonwealth and for your support of the Department of Mental Health.

The Department of Mental Health currently serves 24,000 individuals a year, including adults with serious and persistent mental illness, children and adolescents with mental illness and serious emotional disorder, through acute and extended stay inpatient care, intensive residential treatment, emergency services, case management and other community and rehabilitative services. The Department operates three psychiatric hospitals, seven community mental health centers, one contracted psychiatric unit and two psychiatric units in Department of Public Health operated hospitals. Our total inpatient capacity is 802 continuing care adult beds, 48 acute care beds and 30 adolescent beds.

The Department's work reflects the vital principles of consumer voice, self-direction and recovery. Massachusetts has been a leader in caring for people with mental illness since it built the nation's first public asylum in Worcester in 1833. Since then, the DMH system has evolved into a community-based system of care. Clients and other stakeholders have increased their participation in planning and policy development and the Department's area-based management is anchored by statewide standards.

Good mental health depends on a community that does not stigmatize those with mental illness, and which has a place for families to turn to for information and support. For children and adolescents, this is vital. Secretary Bigby is committed to an integrated interagency Children's Behavioral Health Initiative, of which the Rosie D remedy is a priority component. DMH Commissioner Leadholm chairs the Children's Behavioral Health Executive Committee comprised of senior level members from the Secretariat and EOHHS agencies. The goal is to plan not only for

implementation of the Rosie D. remedy, but also for its impact on children's services as a whole.

The delivery of cost-effective, high quality services is critical to the Department's mission. The Governor's House 2 budget recommendations maintain funding levels for DMH services which support the Administration's priorities of housing, education and employment.

Helping DMH clients maintain housing, achieve educational goals and obtain employment so that they can participate in society to the greatest extent possible as productive citizens is integral to recovery and to our mission. We fully support the FY2009 maintenance funding of \$686,347,455 and look forward to further strengthening the foundation of our work, a strength-based approach to care and our commitment to recovery and resiliency.

The Department's priority is to create a client outcome-driven system supported through the use of data and is focused on promoting full and productive life expectations for adults and children, including employment, housing and education.

Actions to that end include:

- Developing a statewide infrastructure and standardized approach for quality management and improvement

- Bridging local operational activities and plans with the strategic goals of the Department and other stakeholders, recognizing that quality improvement is principally a local function

- Promoting transparency of data and efforts to improve quality

- Involving people with lived experience and their families in the planning, implementation and monitoring of quality improvement activities

- Engaging leadership and staff throughout the organization in a culture of quality improvement

These are challenging fiscal times and the Department of Mental Health continues to provide high quality care and treatment for a great many individuals, children, adolescents and families whose lives are affected by severe and persistent mental illness and serious emotional disturbance. The DMH budget provides consumers with services and supports that help them recover and live independently in their communities and support an array of services that mitigate the risk of homelessness for DMH clients.

Like all of us, consumers want jobs—meaningful employment that provides individuals with mental illness the necessary sense of independence and productivity. Work affords mental health consumers the best opportunities for recovery. Studies tell us that 70 percent of adults with mental illness have employment as a personal goal. Yet only 15 percent of adults with serious mental

illness are employed at any given time. Through its employment programs, DMH works diligently to ensure that consumers have job opportunities by annually funding 25 programs (at \$6.8 million) for Supported Education and Employment (SEE programs) for nearly 2,200 DMH clients with severe and persistent mental illness. Of this, 1,365 clients were enrolled in services to train and place them in competitive employment positions. With \$17 million annually, DMH also supports Clubhouses, community-based vocational rehabilitation centers, the foundation of which is assisting and supporting people with mental illness find meaningful employment. DMH also collaborates with a number of state and federal agencies and private organizations, including the Department of Transitional Assistance and the Boston Private Industry Council, on a number of initiatives to connect consumers with jobs.

While most of DMH's core services are relevant to homelessness associated with a very disabling mental illness, the Department sponsors several initiatives explicitly aimed at preventing or dealing with this problem area. These efforts are supported primarily with state-appropriated funds, and implemented in conjunction with resources available from federal programs. DMH aggressively participates in efforts to increase housing opportunities for consumers. The Department's homeless services are delivered under several programs including a comprehensive Special Homeless Initiative, this year funded at nearly \$27 million. In addition to state funding, DMH leverages other funding sources to primarily provide clinical and residential services to homeless individuals and to leverage more than \$181 million in federal and other housing resources for consumer access to housing units.

DMH is heavily invested, both directly and indirectly, in addressing homelessness among persons with severe and persistent mental illness. Elements of homeless prevention and treatment are present throughout the Department's system of inpatient and outpatient continuing care.

I thank you for the opportunity to address this committee. I would be pleased to provide you with more detailed information or answer any questions you may have.



## SOME FACTS ABOUT MENTAL HEALTH

- One in 5 Americans has a diagnosable mental illness.
- Twenty-two percent of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year. Applied to U.S. Census figures, that's 44.3 million Americans.
- Suicide is the 11th leading cause of death among Americans.
- Suicide is the 3rd leading cause of death for young people 15-24 years of age. The incidence of suicide among adolescents and young adults has nearly tripled between 1952 and 1995 in the U.S.
- Four of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders.
- The cost of severe mental illness to the U.S. economy is staggering. The price tag for direct treatment costs, including hospitalizations and medications, is \$67 billion.
- The economic cost of untreated mental illness is more than \$100 billion each year in the U.S.
- More than 10 percent of all inmates – 250,000 individuals – in prisons and jails have schizophrenia, bipolar disorder or major depression, at an annual cost of \$6 billion. This is nearly 4 times the number of those cared for in hospitals.
- Success rates for treating mental illnesses are high:
  - Treatment success rate for bipolar disorder: 80%
  - For major depression: 65%
  - For schizophrenia: 60%
  - Treatment success rate for heart disease: 45%

## Highlights of the Fiscal Year

### **Parity Bill Signed**

Full mental health parity in Massachusetts advanced this legislative session when a bill sponsored by State Rep. Ruth Balser (D-Newton), pictured right, and Sen. Steven Tolman (D- Watertown) was passed by the House and Senate and signed by the Governor on August 5th. The measure will expand the state's current mental health parity law by adding four major diagnoses to the list of illnesses covered by the state's prior mental health parity law. They are eating disorders, post traumatic stress disorder, autism and substance abuse disorders.

The bill, Chapter 80 of the Acts of 2000, also streamlines the process of approving the addition of other disorders by giving that authority to the Commissioner of Mental Health.

Strongly supported by advocates and providers, the expanded parity bill represents an important step towards ending the history of discriminatory treatment that mental illnesses have received in our health care system and ending the stigma of mental illness. Stigma is the most significant barrier to individuals seeking treatment for mental illness.

According to the recently issued report by the Division of Health Care Finance and Policy, the House version of the bill that the actuarial analysis was based on, which was more expansive, would have represented an increase in health insurance premiums of only 0.1 to 0.3 percent. The new bill, which is the Senate's version, is a narrower version and its cost impact is estimated to be at the lowest end of this range.

The Mental Health Coalition, a group of 24 mental health related organization, was instrumental in winning the passage of expanded mental health parity. Unified in its approach, Coalition members raised awareness and strongly advocated on behalf of the full parity. "I was impressed with the passion and energy all the members of the coalition brought to this campaign" said Stephen Cidlevich, DMH Director of Constituent Affairs.

## **DMH and DPH Sponsor "Depression: True Stories" - A Town Meeting on Cape Cod**

To raise public awareness of depression, its human toll, economic consequence and the fact that it is a treatable illness, the Department of Mental Health (DMH) and the Department of Public Health co-sponsored "Depression: True Stories" - A Town Meeting on Cape Cod on Sept 17 at the Tilden Arts Center at Cape Cod Community College. This event was designed to create an open a dialogue about depression among the Cape Cod and Islands residents. The mental health community and its many stakeholders agree that the need for public education and community engagement around this issue is critical to the health and well-being of citizens of the Cape and Islands community.

Based on a three-year screening project conducted through Cape Cod's four community mental health centers, a report released in June 2008 found that the rate of depression on the Cape is about 40 percent, nearly twice the national average.

While the screening project did not reach the entire Cape and Islands population, the results remain a concern for many in the mental health and public health fields. Public education and outreach is one of the most effective ways to bring awareness to people that depression is a treatable illness. It is also an important tool in shifting attitudes about mental illnesses and dispelling the stigma that often keeps people from treatment.

"We hope that this town meeting dialogue will engage the community around knowing the symptoms of depression, that it is an illness just like any other, that it is treatable and treatment works," said DMH Commissioner Barbara A. Leadholm, M.S., M.B.A. "The true stories of peoples' struggles with and triumphs over depression is a powerful way to help young adults, parents, friends and loved ones more readily recognize the signs of the illness."

In January 2008, DMH co-sponsored a State House premiere screening of the documentary "Depression: True Stories," created by former WBZ health reporter Jeanne Blake, president and CEO of Blake Works. The State House event included the distribution of the DVD of the film and accompanying educational guide to all attendees as well as a town meeting discussion with experts, including Commissioner Leadholm. The event was a major success in community engagement. Partners Healthcare underwrote the distribution of "Depression: True Stories" to Boston schools.

The Sept. 17 Cape Cod town meeting used the same format—a screening of "Depression: True Stories" followed by a town meeting discussion moderated by Jeanne Blake with attendees and a panel of experts. Panel members participating in

the Cape Cod event were Robert Macy, Ph.D.; Jeff Rediger, M.D., Medical Director of the adult programs at McLean Southeast; Raymond V. Tamasi, M. Ed., President and CEO, Gosnold on Cape Cod; and Shannon Scarry, M.D., chief of behavioral health at Cape Cod Hospital.

For this event, DMH and DPH funded the distribution of 300 complimentary copies of "Depression: True Stories" and the Words Can Work booklet "When Talking About Depression and Other Mental Health Disorders." Attendees also received a step-by-step guide to holding their own forums about depression in various community settings such as schools, hospitals, community centers, churches, and many others. The event is a model of grassroots, community-based anti-stigma and public education work around depression and mental illnesses, with great potential for sustainable community engagement around an important mental health issue.

### **Town Meeting on Depression Draws 500 to Cape Cod Event**



The Department of Mental Health and the Department of Public Health co-sponsored "Depression: True Stories" - A Town Meeting on Cape Cod to raise public awareness of depression, its human toll, economic consequence, and the fact that it is a treatable illness. Cape Cod and Islands residents gathered at the Tilden Arts Center at Cape Cod Community College to participate in an open dialogue about depression. More than 500 people attended the forum making it a huge success.

The town hall meeting was moderated by former WBZ health reporter Jeanne Blake, President and CEO of Blake Works, and included the screening of the Blake Works documentary "Depression: True Stories." The audience was welcomed by Kathleen Schatzberg, President, Cape Cod Community College and Rep. Matthew Patrick (D - Falmouth).



Commissioner Barbara Leadholm spoke regarding the need to treat individuals at the early signs of depression in order to prevent suicide. Deborah DiMasi (*pictured above*), House Speaker Salvatore DiMasi's wife, spoke about her brother Jeff Kinlin, a returning combat veteran, who took his life due to depression and her niece who also died by suicide this year. Despite the tragedy in her family's life, Mrs. DiMasi's message was powerful and hopeful, telling attendees that what happened to her family members could be prevented. Matthew McWade, Department of Mental Health Statewide Youth Coordinator, spoke about his struggles with depression and the stigma he encountered because of it.

Massachusetts First Lady Diane Patrick, who was unable to attend, created a special a video message, addressing the audience and discussing her episode of depression more than a year ago. Mrs. Patrick talked about the need to educate the public about mental illness, that it is treatable and that we all must work to eliminate stigma which keeps many people from seeking treatment.

### **Child/Adolescent and Licensing Services Division Recipients of Gloria Huntley Award**

The Department of Mental Health's Child/Adolescent and Licensing Services Divisions were presented the Gloria Huntley award by the National Alliance on Mental Illness (NAMI) at the 2009 Annual NAMI Convention in San Francisco. The Gloria Huntley Award recognizes significant strides in reducing the use of seclusion and restraints in treatment settings.

The DMH Restraint and Seclusion Reduction Initiative has been a team effort of Janice LeBel, Ph.D., Director of Program Management; Joan Mikula, Assistant

Commissioner of Child/Adolescent Services; Annabelle Lim, Policy Analyst; Nan Stromberg, former Director of Nursing; Michael Weeks, Director of Licensing; and Liz Kinkead of the DMH Licensing Unit.

DMH, through its Child/Adolescent and Licensing Services Divisions, embarked on a mission to reduce and ultimately eliminate the use of restraints and seclusions in all child and adolescent inpatient and intensive residential treatment facilities in the state in 2001. Recent statewide data for Massachusetts shows an 87% reduction in restraint use statewide, a 76% reduction in medication restraint and a 67% reduction in restraint duration.

The award is named for Gloria Huntley, a consumer who died while being restrained at Central State Hospital in Virginia. She had spent 26 continuous days in restraint when she died. Gloria's death was part of a national media exposé about the lethal effects of restraint and seclusion that led to Congressional hearings, federal and accrediting body regulatory reforms, and new resources from the Substance Abuse Mental Health Services Administration.

### **Express Yourself One of Five Mass. Youth Art Programs Nationally Recognized**

Express Yourself, a DMH youth arts program, was one of five Massachusetts youth art programs cited by The President's Committee on the Arts and the Humanities (PCAH) for excellence in 2008 through its Coming Up Taller awards. The Massachusetts Cultural Council (MCC), along with Representatives John Keenan of Salem and Marie St. Fleur of Boston, other members of the Massachusetts Legislature and PCAH member James E. Farmer, saluted the honored programs at a State House celebration in Boston on Feb. 5.





Express Yourself immerses young people into the creative world of music, dance and visual arts and empowers DMH youth with life-changing results. Express Yourself, under the direction of Paula Conrad and Stan Strickland, celebrates cultural diversity and collaboration with isolated youth from 17 DMH residential and inpatient facilities.

The 2008 Massachusetts "Coming Up Taller" winner and honorees are:

- Express Yourself, Peabody (Honoree)
- City Music Program, Berklee College of Music, Boston (Winner)
- Project STEP, Boston (Honoree)
- Museum Action Corps Internship Program, Peabody Essex Museum, Salem (Honoree)
- Art a la Carte, Federated Dorchester Neighborhood Houses, Boston (Honoree)

The Coming Up Taller Awards were established in 1998 to recognize and support outstanding community arts and humanities programs that celebrate the creativity of America's young people, and provide them learning opportunities and chances to contribute to their communities. Along with a cash award, the Coming Up Taller Awards lend these projects significant recognition and support to their continued work.

In the eleven-year history of the Coming Up Taller awards, 28 Massachusetts youth programs have received citations.

## **DMH Transition Age Youth Initiative on the National Stage**

Innovations in Transitional Age Youth programs in Massachusetts were highlighted at a national policy academy in Washington, D.C., elevating DMH and the Commonwealth to a leadership role in the work to serve youth with mental illnesses transitioning to adulthood.

Entitled "Developing Systems of Care for Youth and Young Adults with Mental Health Needs Who Are Transitioning to Adulthood, and Their Families," the policy academy was sponsored by the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development and the Substance Abuse and Mental Health Services Administration.

The Massachusetts delegation included Lisa Lambert, Executive Director of Parent Professional Advocacy League (PAL); Matt McWade, DMH statewide young adult

coordinator; Rita Barrette, DMH director of community services; Rachelle Engler Bennett, director of student services for the Massachusetts Department of Elementary and Secondary Education; Ann Capoccia, DMH Child/Adolescent Division coordinator of interagency activities; Dayana Simons, systems of care manager, Mass Health Office of Medicaid; and Robert Turillo, Department of Youth Services assistant commissioner for program services.

Other participating states were Arizona, Maryland, Ohio, Oklahoma and Oregon.

All attendees agreed there is much to be done, said Ann Capoccia. Forty percent of young people with mental illness dropped out of high school in 2007. Family and peer relationships are poor and service packages are not aligned to meet the needs of young people. Engaging young adults is often challenging in traditional services and even more difficult in offering individualized, person-centered treatment. Policy academy participants discussed how young adults are not staying connected to currently designed treatment or services.

The Massachusetts delegation came to the gathering with many strengths and innovative ideas. The state has a strong parent advocate organization in PAL led by Lisa Lambert. PAL is on the forefront of developing support groups, information and resources for parents with transition age youth. DMH's Statewide Young Adult Coordinator Matt McWade has been busy writing articles and creating websites and videos to address stigma issues experienced by young adults and encouraging the development of peer support models across the state.

During the policy academy meeting, the Massachusetts delegation met for six sessions with facilitator Jim Wotring, director, National Technical Assistance Center for Children's Mental Health; and Beth Stroul, president, Management and Training Innovations from McLean, VA.

The Massachusetts group agreed to a shared vision: Transition age youth and their families experience culturally and linguistically competent, welcoming environments that engage them in educational and vocational opportunities and other needed services and supports leading to resilience, recovery, independence and self-sustainability.

Youth ages 14 to 25 with a serious emotional disturbance was identified as the target group for this work and the first priority is African American and Hispanic youth ages 14 to 25 with a serious emotional disturbance eligible to receive special education or 504 services. Wotring worked with the Massachusetts delegation members in the design and development of details around resources, challenges, issues and strengths as well as strategies, services delivery, short-term outcomes, data points to measure outcomes and long-term outcomes. The conversation was lively and incisive as the vision took shape.



All agreed on an overarching strategy: Establish transition age youth with a serious emotional disturbance as a priority population across agencies and establish the goal of completion of high school or equivalent and/or career related training.

## **Department of Mental Health Fiscal Year 2009 Budget at a Glance**

The FY09 Conference budget for DMH totals \$685,440,505. This represents an increase of 1.7% over FY08 projected spending and 0.13% decrease below the House 2 budget recommendation.

### **Highlights of the Conference budget:**

- Under the DHCD budget appropriation, recommends a \$500,000 increase for the DMH rental subsidy line item 7004-9033. This will support approximately an additional 60 rental subsidies.
- Maintains \$1.14M funding within the 5095-0015 line item supporting Comprehensive Psychiatric salary increases required to maintain and recruit psychiatrist positions.
- Recommends a \$250,000 increase in the 5042-5000 line item for the Massachusetts Child Psychiatry Access project to begin implementation of services to public schools in each region.
- Conference budget did adopt the House 2 recommendation to re-align personnel chargebacks (D09) expenses of \$2.53M from the 5011-0100 appropriation to all payroll accounts.
- Conference budget did not recommend the funding required to maintain the full complement of requested positions within the 5011-0100, 5046-0000, 5046-2000, 5047-0001, and the 5055-0000 line items. The funding required to maintain this full complement is \$1.1M.
- Conference budget earmarking is as follows: In line item 5046-0000: a reduction of \$50K for the Trauma Center; an increase of \$50K (bringing the total to \$125K) for Fairwinds Clubhouse in Falmouth; earmarked \$50K for culturally and linguistically appropriate MH services for immigrants at the International Institute of Boston; directs \$20K to the Samaritans on Cape Cod and the Islands. In line item 5046-2000: an earmark eliminating \$90K funding for Primary Care and Mental Health, Inc. was inserted and an earmark of \$50K was directed to the homelessness services at the Salem Mission.

### **Other noteworthy aspects of the Conference budget:**

Conference under EOAF establishes an \$8.25M reserve (1599-1004) to support the implementation of the recommendations of the special commission to end

homelessness in the Commonwealth. This funding is in addition to the \$1.75M in funding from the Massachusetts Housing Finance Agency.

Conference establishes under EOAF a \$25M reserve (1599-7050) to support administrative and program expenses associated with the case of Rosie D. et al v. Romney, civil action, in order to provide community based services to children suffering from severe emotional disturbances (Children's Behavioral Health Initiative).

Conference recommends funding under EOAF through a line item (1599-6901) a POS salary reserve for vendors in the amount of \$23M. This funding is to adjust the wages, compensation or salary and associated employee-related costs to personnel earning less than \$40,000 who are employed by private human service providers that deliver human and social services under contracts with departments within the Executive Office of Health and Human Services and the Executive Office of Elder Affairs.

Conference recommends \$1M increase over FY08 funding levels to the Department of Public Health suicide prevention, intervention line item 4513-1026 for a total of \$4.75M.

Conference budget retains the requirement for the Commissioner of DMH to approve any prior authorization or other restriction on medication used to treat mental illness in accordance with written policies, procedures and regulations of the Department of Mental Health.